

# APPLICATION DATA SHEET

## Inventor Information

Inventor One Given Name: WILLIAM FREDERICK FATHAUER, JR

Family Name: FATHAUER

Name Suffix: JR.

Mailing Address Line One: 10390 E JENAN DR. SCOTTSDALE, AZ 85260

Mailing Address Line Two: \_\_\_\_\_

City: SCOTTSDALE

State or Province: ARIZONA

Postal or Zip Code: 85260

City of Residence: SCOTTSDALE

State or Prov. of Residence: ARIZONA

Country of Residence: MARICOPA

Citizenship Country: USA

Family Name, if any: \_\_\_\_\_

Name Suffix: \_\_\_\_\_

Authority Code: \_\_\_\_\_

Mailing Address Line One: \_\_\_\_\_

Mailing Address Line Two: \_\_\_\_\_

City: \_\_\_\_\_

State or Province: \_\_\_\_\_

Postal or Zip Code: \_\_\_\_\_

City of Residence: \_\_\_\_\_

State or Prov. of Residence: \_\_\_\_\_

County of Residence: \_\_\_\_\_

Citizenship Country: \_\_\_\_\_

## Correspondence Information

Name Line One: WILLIAM F FATHAUER, JR.

Name Line Two: \_\_\_\_\_

Address Line One: 10390 E JENAN DR.

Address Line Two: \_\_\_\_\_

City: SCOTTSDALE

State or Province: ARIZONA

Country: USA

Postal or Zip Code: 85260

Telephone: 480. 391. 9025

Fax: 480. 391. 9429

Electronic Mail: Bill.fathauer@msn.com

## APPLICATION DATA SHEET

### Applicant Information

Title Line One: SUTURE APPARATUS AND METHOD FOR STERNAL

Title Line Two: CLOSURE

[Repeat for any additional lines]

Suggested classification: SURGICAL INSTRUMENT

Suggested Tech. Center: \_\_\_\_\_

Total Drawing Sheets: 10 (FORMAL)

Suggested Dwg. Figure for Pub.: FIGURE 3 (THREE)

Docket Number: \_\_\_\_\_

Application Type: [Utility] UTILITY

Licensed US Govt. Agency: \_\_\_\_\_

Contract or Grant Numbers One: NO

Contract or Grant Numbers Two: \_\_\_\_\_

### Representative Information

Registration Number One: \_\_\_\_\_

Registration Number Two: \_\_\_\_\_

[Repeat for extra registration numbers]

### Domestic Priority Information

This application is a: [Continuation of] NO

Application One: \_\_\_\_\_

Filing Date: \_\_\_\_\_

which is a: \_\_\_\_\_

Application Two: \_\_\_\_\_

Filing Date: \_\_\_\_\_

[repeat as necessary]

### Foreign Application Information

Foreign Application One: NO

Filing Date: \_\_\_\_\_

Country: \_\_\_\_\_

Priority Claimed: [Yes or No]

### Assignee Information

Name of assignee: NO

Address Line One: \_\_\_\_\_

Address Line Two: \_\_\_\_\_

City: \_\_\_\_\_

State or Province: \_\_\_\_\_

Country: \_\_\_\_\_

Postal or Zip Code: \_\_\_\_\_